

CITY OF BELOIT
RENTAL DWELLING PERMIT APPLICATION
100 State Street, Beloit, WI 53511, Telephone (608) 364-6650
PLEASE REMIT WITH A CHECK PAYABLE TO: CITY OF BELOIT

Tax Parcel Number: _____
 Address of Rental Dwelling: _____
 Census Tract: _____

Current Owner Information:

Name _____
 Address _____

Telephone _____ (required) Date of Birth _____ (required)
 Cell Phone _____ (required)

Revised Owner Information (if changed or using Post Office box enter valid street address)

Name _____ Telephone _____ (required)
 Address _____ Date of Birth _____ (required)
 City _____
 State _____ Zip _____

Type of Rental Dwelling: () single family () duplex () multi-family () apartment complex

Number of Permits Requested _____

BY SIGNING BELOW, I ACKNOWLEDGE AND UNDERSTAND THAT THE ISSUANCE OF A PERMIT(S) IS CONDITIONAL UPON COMPLIANCE WITH ALL CITY ORDINANCES AND ORDERS TO CORRECT ANY CONDITION IN A RENTAL DWELLING UNIT THAT IS IN VIOLATION OF CITY ORDINANCES OR STATE LAW. I FURTHER UNDERSTAND THAT THE ISSUANCE OF A PERMIT IS CONDITIONAL UPON PAYMENT OF ALL OUTSTANDING TAXES, FORFEITURES, ASSESSMENTS, FEES OR OTHER CHARGES THAT ARE DELINQUENT AND UNPAID AND CONSENT TO THE COMMUNITY AND HOUSING SERVICES DIVISION VERIFYING UTILITY ACCOUNT STATUS INFORMATION.

Signature – Owner _____ **Date** _____

PROPERTY MANAGER (optional)

Name _____ Telephone _____
 Address _____ City _____ State _____ Zip Code _____

FOR OFFICE USE ONLY:

Date Received: _____
 Number of Rental Units _____ x \$35.00 per unit = _____ CC _____ Cash _____ Check# _____
 Issued by _____